

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

ADDRESS (number and street) 11570 6TH STREET

Check if different than previously reported. (ACC) RANCHO CUCAMONGA CA 91730

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00543835

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2015 through 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bill Peters

Signature of Treasurer Bill Peters [Electronically Filed] Date 10 / 20 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="38367.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43048.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3976.98"/>	<input type="text" value="31858.88"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="47025.88"/>	<input type="text" value="70225.88"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="2000.00"/>	<input type="text" value="25200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="45025.88"/>	<input type="text" value="45025.88"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y  
09 01 2015

To:

M M / D D / Y Y Y Y Y Y  
09 30 2015

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3566.60

28350.20

(ii) Unitemized .....

410.38

3508.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3976.98

31858.88

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

3976.98

31858.88

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3976.98

31858.88

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

3976.98

31858.88

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	25200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	25200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	25200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3976.98	31858.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3976.98	31858.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 13  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial)

**A. Hoi Chi Cheung**

Mailing Address 11570 6th Street

City	State	Zip Code
Rancho Cucamonga	CA	91730

FEC ID number of contributing federal political committee.

C

Name of Employer

Amphastar Pharmaceuticals, Inc

Occupation

Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deduction - \$50.00

Full Name (Last, First, Middle Initial)

**B. Albert Cuadra**

Mailing Address 4020 Frijole Avenue

City	State	Zip Code
Covina	CA	91722

FEC ID number of contributing federal political committee.

C

Name of Employer

Amphastar Pharmaceuticals, Inc

Occupation

AVP Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period

200.00

Bi-weekly payroll deduction - \$100

Full Name (Last, First, Middle Initial)

**C. Jeff Jie Fei Ding**

Mailing Address 19940 Lurin Ave

City	State	Zip Code
Riverside	CA	92508

FEC ID number of contributing federal political committee.

C

Name of Employer

New Drug Research Center

Occupation

SVP NDRC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.4749

Amount of Each Receipt this Period

384.00

Bi-weekly payroll deduction - \$192

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

684.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial)

## **A. Ellen Feng**

Mailing Address 11570 6th Street

City State Zip Code  
 Rancho Cucamonga CA 91730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals, Inc

Occupation  
 Sr. Director - IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period

60.00

Bi-weekly payroll deduction - \$30.00

Full Name (Last, First, Middle Initial)

## **B. Ping He**

Mailing Address 25 John Road

City State Zip Code  
 Canton MA 02021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Armstrong Pharmaceuticals, Inc

Occupation  
 Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deduction - \$20.00

Full Name (Last, First, Middle Initial)

## **C. Aleksei Koutassevitch**

Mailing Address 11570 6th Street

City State Zip Code  
 Rancho Cucamonga CA 91730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals, Inc

Occupation  
 Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4752

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deduction - \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial)

**A. Tony Kwan**

Mailing Address 135 Bradbury Dr.

City	State	Zip Code
San Gabriel	CA	91775

FEC ID number of contributing federal political committee.

C

Name of Employer

Amphastar Pharmaceuticals, Inc

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period

384.00

Bi-weekly payroll Deduction - \$192

Full Name (Last, First, Middle Initial)

**B. Jun Li**

Mailing Address 25 John Road

City	State	Zip Code
Canton	MA	02021

FEC ID number of contributing federal political committee.

C

Name of Employer

Armstrong Pharmaceuticals, Inc

Occupation

Sr. Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deduction - \$20.00

Full Name (Last, First, Middle Initial)

**C. Yacob Liawatidewi**

Mailing Address 9355 Mesa Verde Dr., Unit E

City	State	Zip Code
Montclair	CA	91763

FEC ID number of contributing federal political committee.

C

Name of Employer

Amphastar Pharmaceuticals, Inc

Occupation

VP Marketing/Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period

200.00

Bi-weekly payroll deduction - \$100

SUBTOTAL of Receipts This Page (optional)..... ▶

624.00

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial)

**A. Ronald Lou**

Mailing Address 1886 Santa Anita Avenue

City State Zip Code  
 South El Monte CA 91733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals, Inc

Occupation  
 Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4757

Amount of Each Receipt this Period

80.00

Bi-weekly payroll deduction - \$40.00

Full Name (Last, First, Middle Initial)

**B. Mary Zi-Ping Luo**

Mailing Address 2817 Watercourse Dr.

City State Zip Code  
 Diamond Bar CA 91765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals, Inc

Occupation  
 COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4758

Amount of Each Receipt this Period

384.60

Bi-weekly payroll deduction - \$192.30

Full Name (Last, First, Middle Initial)

**C. Jin Y. Ma**

Mailing Address 1886 Santa Anita Avenue

City State Zip Code  
 South El Monte CA 91733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Int'l Medication Systems

Occupation  
 Director, Mfg. Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.4759

Amount of Each Receipt this Period

116.00

Bi-weekly payroll deduction - \$58.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

580.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial)

**A. Anthony Marrs**

Mailing Address 130 Claremont Ave.

City State Zip Code  
 Long Beach CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals, Inc

Occupation  
 VP Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period

384.00

Bi-weekly payroll deduction - \$192

Full Name (Last, First, Middle Initial)

**B. Erik Poulsen**

Mailing Address 11570 6th St.

City State Zip Code  
 Rancho Cucamonga CA 91730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4761

Amount of Each Receipt this Period

384.00

Bi-weekly payroll deduction - \$192

Full Name (Last, First, Middle Initial)

**C. Richard Sleege**

Mailing Address 1886 Santa Anita Avenue

City State Zip Code  
 South El Monte CA 91733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Int'l Medication Systems

Occupation  
 Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deduction - \$20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

808.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 13  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Stanley**

Mailing Address 11570 6th Street

City State Zip Code  
 Rancho Cucamonga CA 91730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals, Inc

Occupation  
 Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4763

Amount of Each Receipt this Period

80.00

Bi-weekly payroll deduction - \$40.00

Full Name (Last, First, Middle Initial)

**B. Selina Su**

Mailing Address 11570 6th Street

City State Zip Code  
 Rancho Cucamonga CA 91730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals, Inc

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period

60.00

Bi-weekly payroll deduction - \$30.00

Full Name (Last, First, Middle Initial)

**C. Kevin Xie**

Mailing Address 8335 E. Blue Sky Way

City State Zip Code  
 Anaheim Hills CA 92808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Amphastar Pharmaceuticals, Inc

Occupation  
 SVP NDRC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.4765

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

640.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 13  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial) <b>A. Xin Zhou</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2015 <b>Transaction ID : SA11AI.4766</b>	
Mailing Address 25 John Road		Amount of Each Receipt this Period 80.00	
City Canton	State MA	Zip Code 02021	
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - \$40.00	
Name of Employer Int'l Medication Systems	Occupation Sr. Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		
Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		80.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		3566.60	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCHUMER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**CHARLES E SCHUMER**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 00

**Transaction ID : SB23.4771**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**MIKE THOMPSON**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

**Transaction ID : SB23.4770**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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2000.00
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